

FIG. 2

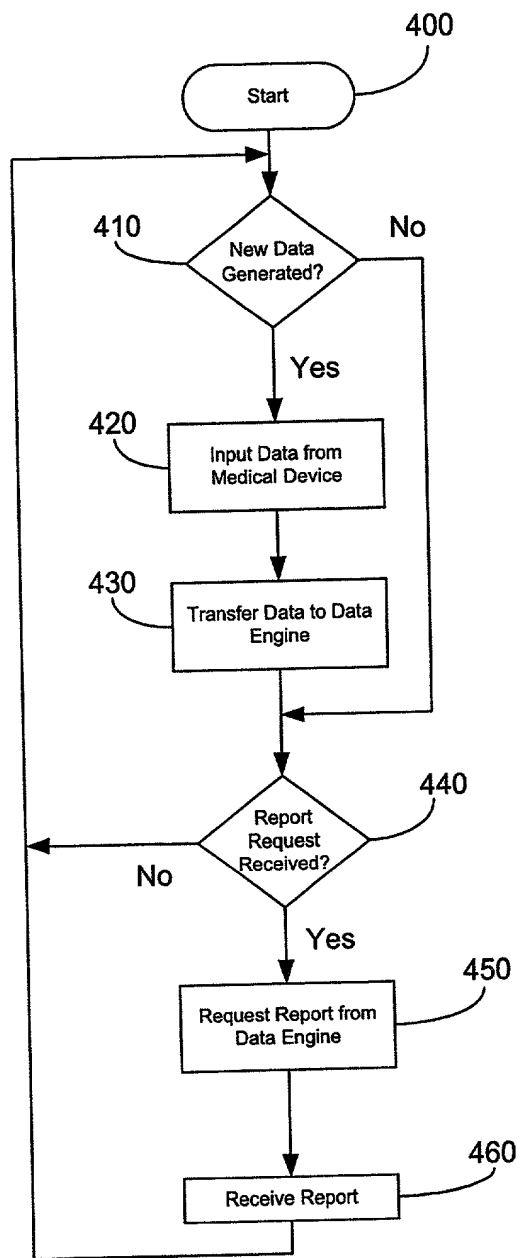


Fig. 3

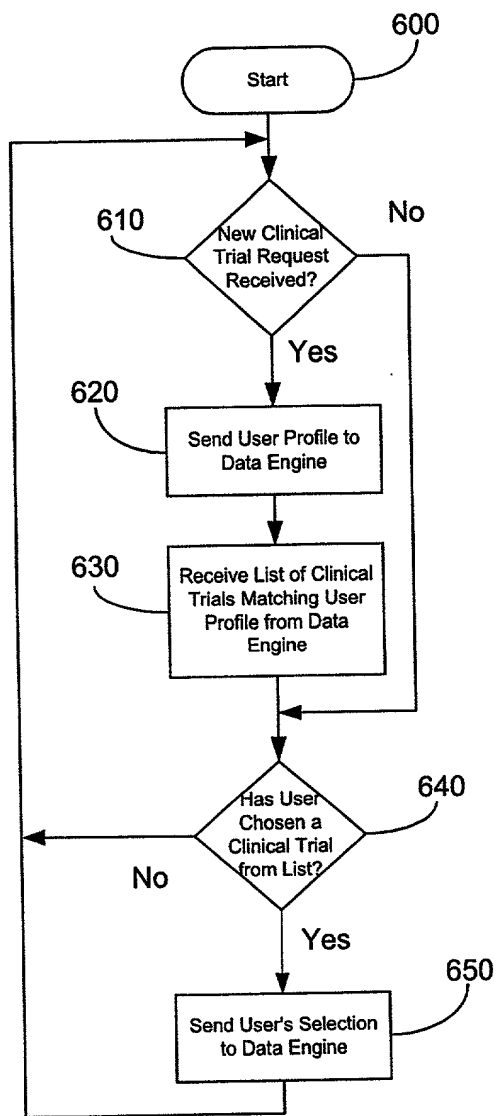


Fig. 4

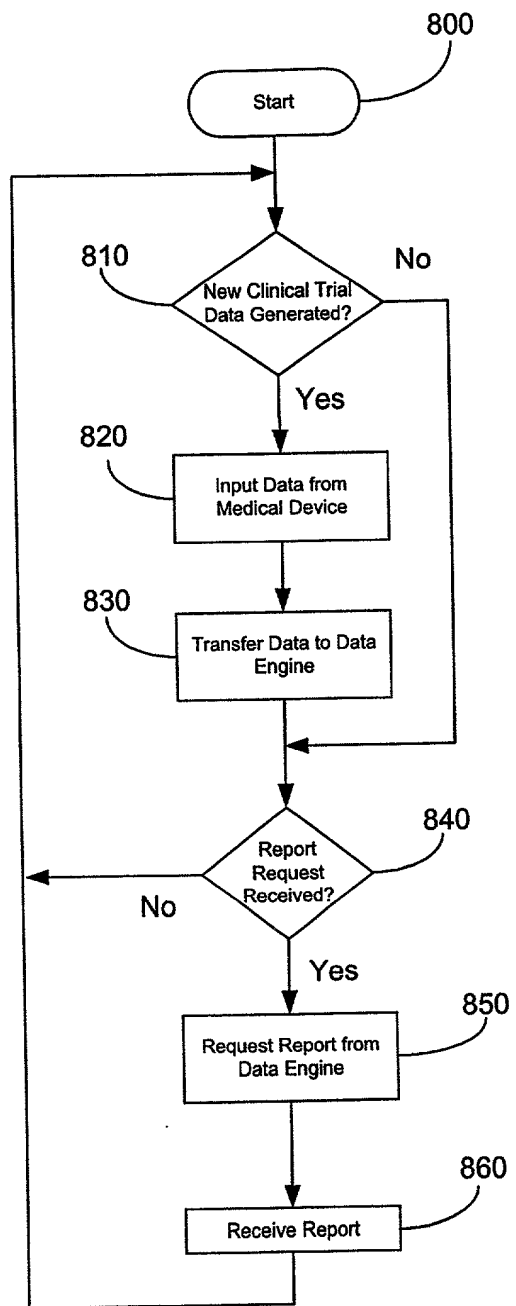


Fig. 5

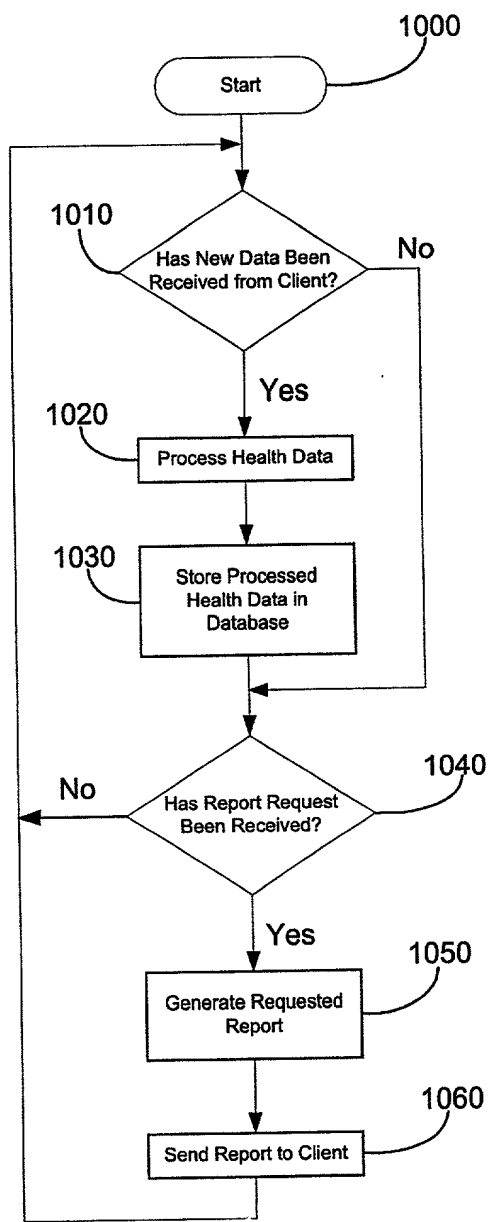


Fig. 6

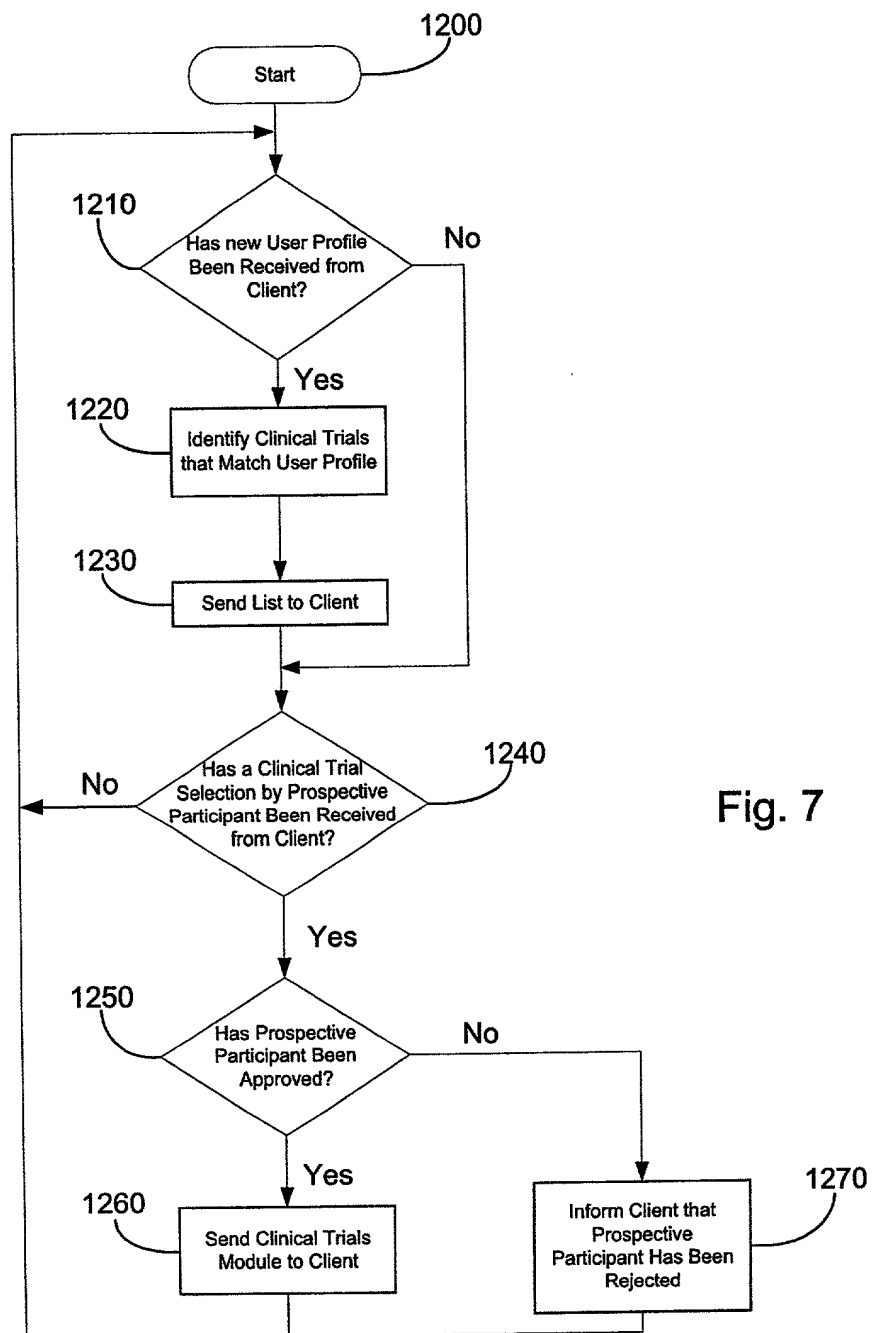


Fig. 7

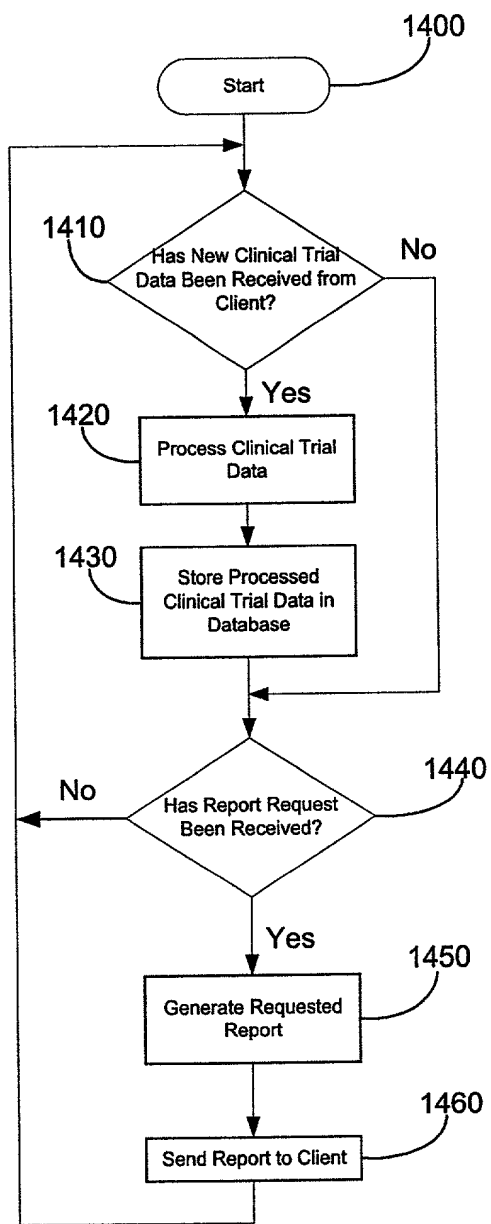
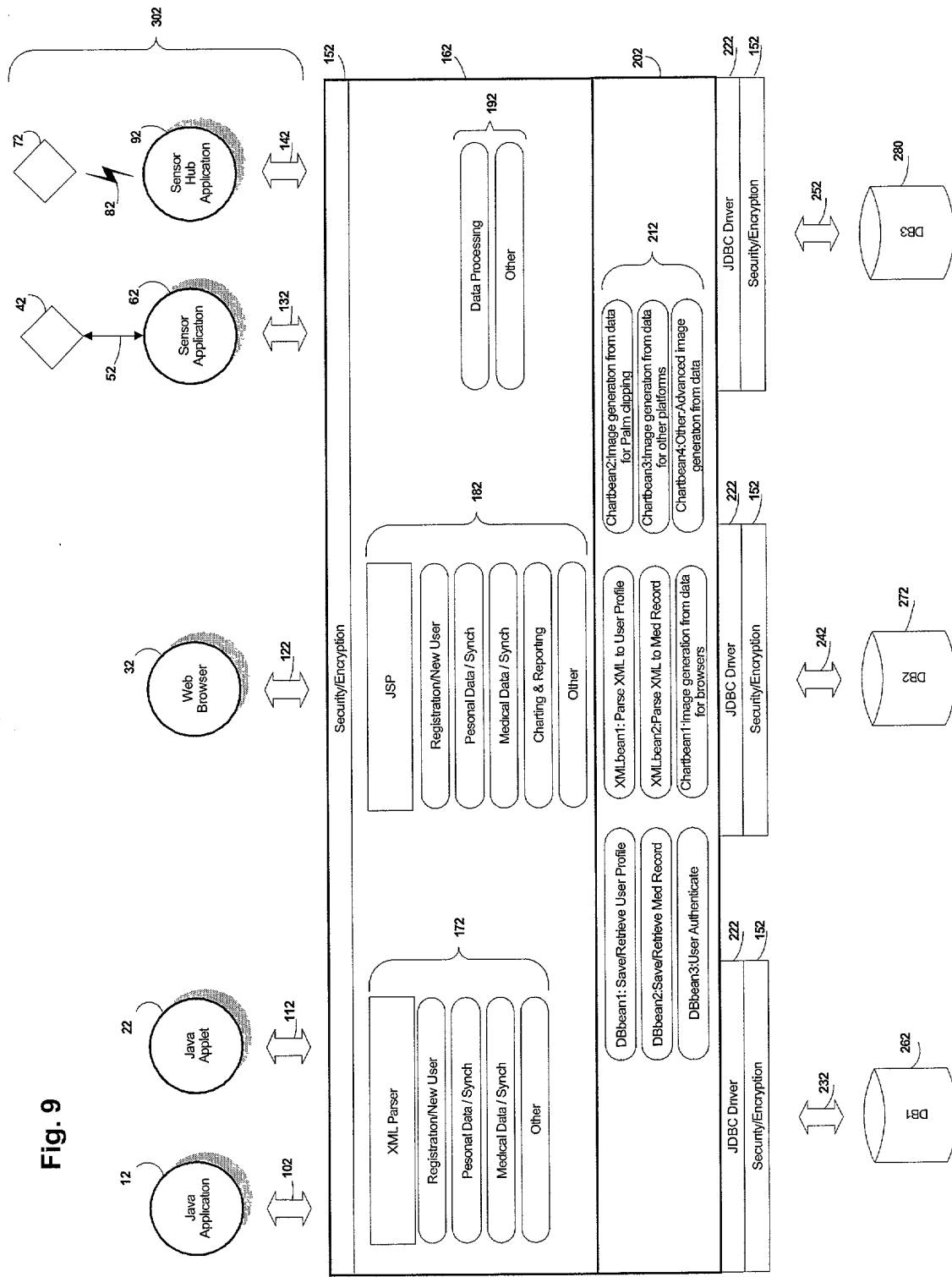


Fig. 8



Fig. 9



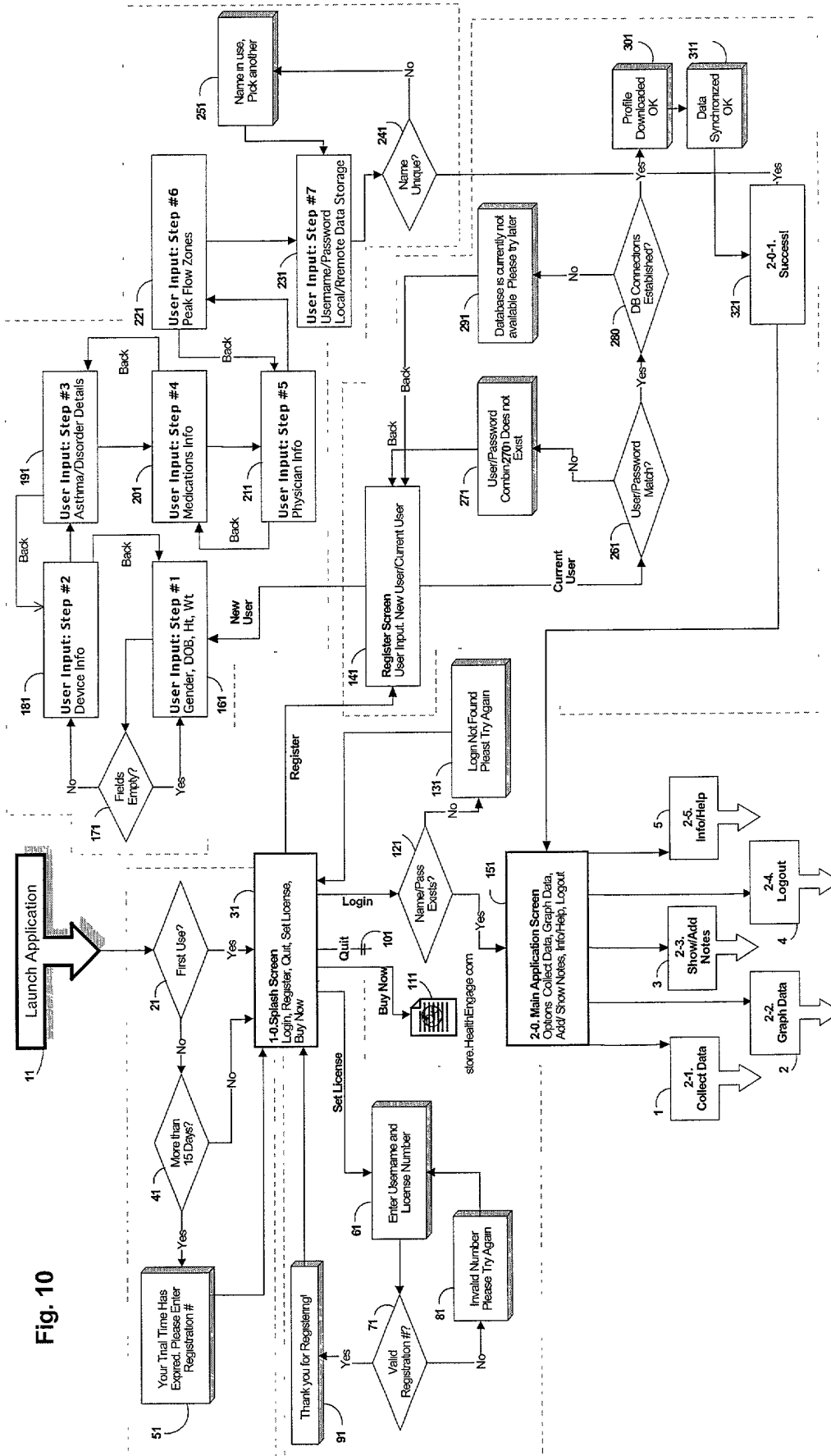


Fig. 10

Fig. 11

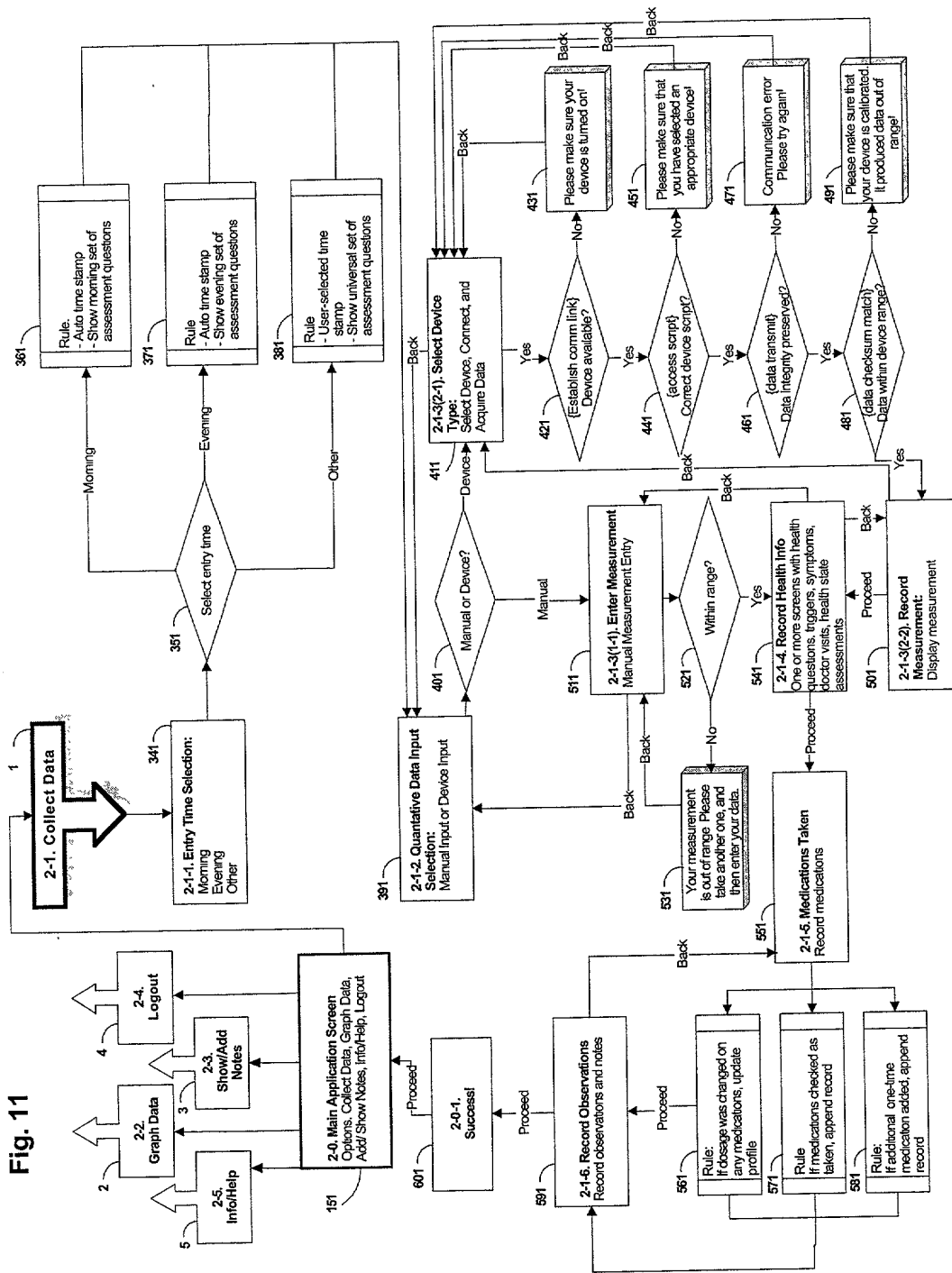




Fig. 13

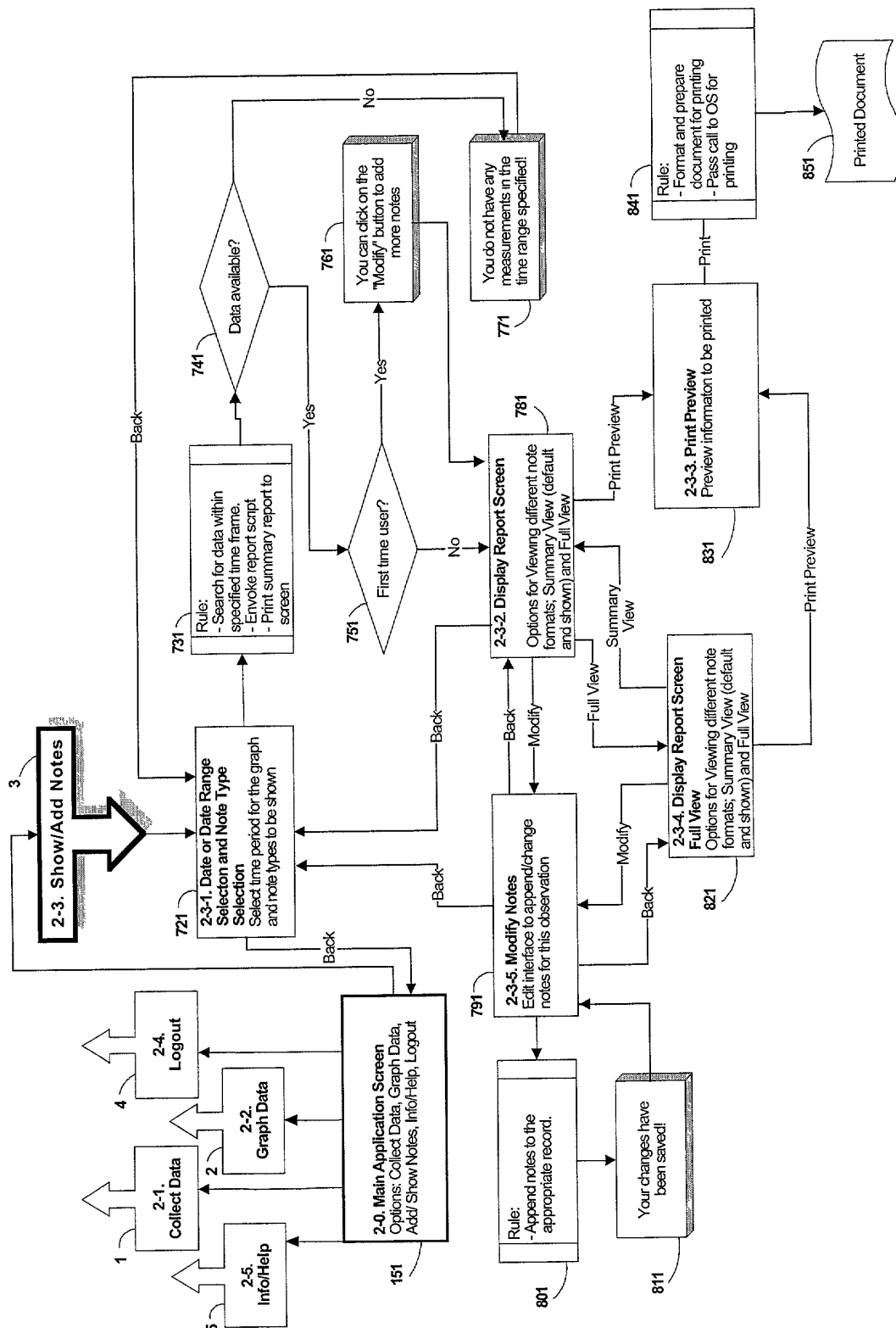


Fig. 14

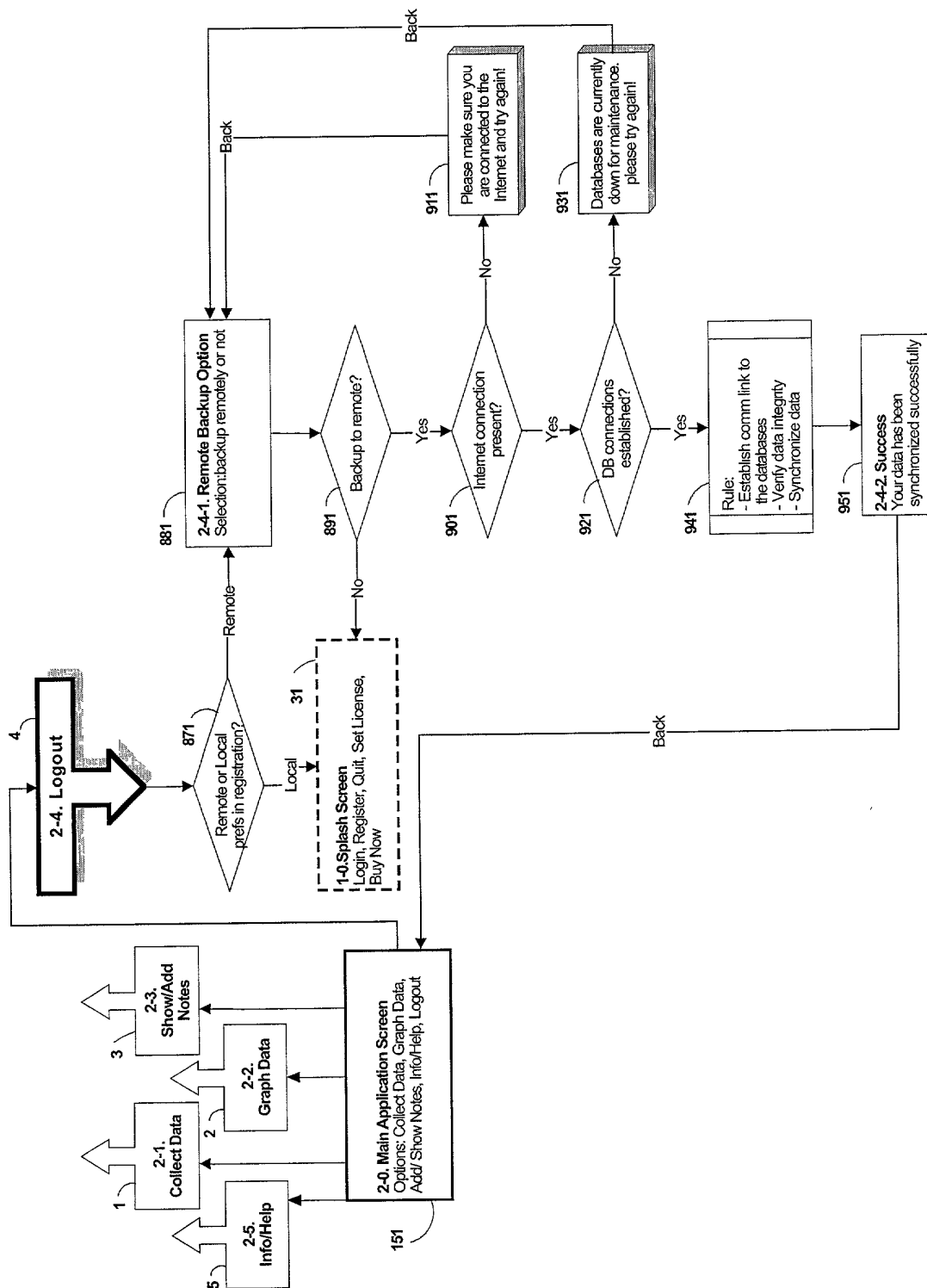
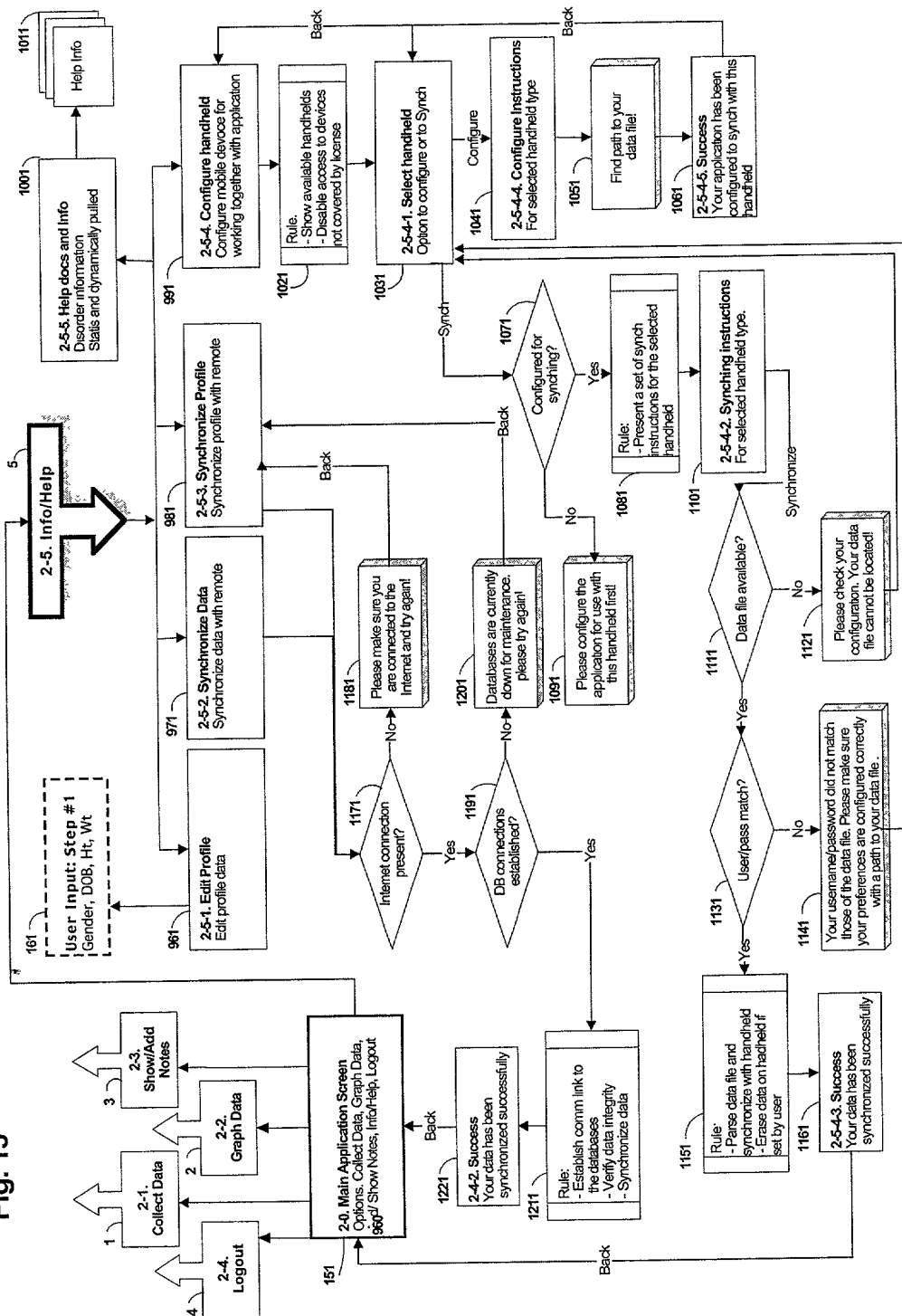






Fig. 15






**HealthEngage**


**Collect**


**Graph**


**Notes**


**Logout**


**Info • Help**

Please list your regular asthma medications

Medication Name:
Claritin

Dispense Date:

Month
01
▼

Day
01
▼

Year
2001
▼

Dosage:
1

tablet(s)
▼

Frequency:
2

time(s)
▼

per day
▼

Save This Medication

Recorded medications

Claritin

Edit

Back

Next

Fig. 16